

GENERAL INFORMATION

A0. Respondent Information (Not for Publication)

Name: **Daniel L. Skidmore, Ph.D.**

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Are your responses to the CDS posted for reference on your institution's Web site? Yes No

If yes, please provide the URL of the corresponding Web page: **https://www.lemoyne.edu/Institutional_Research**

A0A. We invite you to indicate if there are items on the CDS for which you cannot use the requested analytic convention, cannot provide data for the cohort requested, whose methodology is unclear, or about which you have questions or comments in general. This information will not be published but will help the publishers further refine CDS items. _____

A1. Address Information

Name of College or University: **Le Moyne College**

Mailing Address, City/State/Zip/Country: **1419 Salt Springs Road Syracuse, NY 13214-1301 USA**

Street Address (if different), City/State/Zip/Country:

Main Phone Number: **(315) 445-4100**

WWW Home Page Address: **<http://www.lemoyne.edu>**

Admissions Phone Number: **(315) 445-4300**

Admissions Toll-free Number: **(800) 333-4733**

Admissions Office Mailing Address, City/State/Zip/Country: **1419 Salt Springs Road Syracuse, NY 13214-1301 USA**

Admissions Fax Number: **(315) 445-4711**

Admissions E-mail Address: **admission@lemoyne.edu**

If there is a separate URL for your school's online application, please specify: **www.lemoyne.edu/apply**

If you have a mailing address other than the above to which applications should be sent, please provide:

A2. Source of institutional control (*check one only*):

- Public
- Private (nonprofit)
- Proprietary

A3. Classify your undergraduate institution:

- Coeducational college
- Men's college
- Women's college

A4. Academic year calendar

✓ **If your academic year has changed because of the COVID-19 pandemic, please indicate as other below.**

- | | |
|----------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Semester | <input type="checkbox"/> 4-1-4 |
| <input type="checkbox"/> Quarter | <input type="checkbox"/> Continuous |
| <input type="checkbox"/> Trimester | <input type="checkbox"/> Differs by program (describe): |
| <input type="checkbox"/> Other (describe): | |

A5. Degrees offered by your institution

- | | |
|------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Certificate | <input checked="" type="checkbox"/> Post-bachelor's certificate |
| <input type="checkbox"/> Diploma | <input checked="" type="checkbox"/> Master's |
| <input type="checkbox"/> Associate | <input checked="" type="checkbox"/> Post-master's certificate |
| <input type="checkbox"/> Transfer | <input checked="" type="checkbox"/> Doctoral degree research/scholarship |
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Doctoral degree – professional practice |
| <input checked="" type="checkbox"/> Bachelor's | <input type="checkbox"/> Doctoral degree – other |